

Appendix L

Misc. Narcotic Painkillers

276 { Deltasone

nia, mood changes, personality changes, psychotic behavior, severe depression.



Other potential side effects: bone fractures, bulging eyes, convulsions, distended abdomen, face redness, glaucoma, headache, hives and other allergic-type reactions, increased pressure inside eyes or skull, inflamed esophagus or pancreas, irregular menstrual periods, muscle weakness or disease, osteoporosis, peptic ulcer, poor healing of wounds, stunted growth (in children), sweating, thin or fragile skin, vertigo.

Interactions



Do not get a smallpox vaccination while taking Deltasone. Inform your doctor before combining Deltasone with: amphotericin B (Fungizone); aspirin; carbamazepine (Tegretol); cyclosporine (Sandimmune); estrogen drugs such as Premarin; ketoconazole (Nizoral); oral contraceptives; oral medications for diabetes such as Insulin; phenytoin (Dilantin); potent diuretics such as Lasix; rifampin (Rifadin).



No known food/other substance interactions.

Special Cautions



If pregnant or planning to become pregnant, inform your doctor immediately. Not known if Deltasone appears in breast milk.



No special precautions apply to seniors.



Not generally prescribed for children. If prescribed, be aware that Deltasone may stunt growth if taken for a prolonged period.



Do not take if sensitive to or had an allergic reaction to Deltasone.

Use with extreme caution if you have an eye infection caused by herpes simplex.

Always administered
in Emergency Room
via Infection!

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henia gravis,

peptic ulcer, ulcerative colitis.

Demerol

Generic name: Meperidine hydrochloride

Other brand names: Pethadol, Pheperidine Hydrochloride

Demerol is a narcotic analgesic. It works by altering the response to painful stimuli.

R QUICK FACTS

Purpose



Used to treat moderate to severe pain.

Dosage



Take exactly as prescribed. If using syrup form, take with a half glass of water.



Usual adult dose: 50 to 150 milligrams every 3 or 4 hours. Seniors: doctor may reduce dosage.



Usual child dose: 0.5 to 0.8 milligram per pound of body weight, every 3 or 4 hours.



Missed dose: take as soon as possible, unless almost time for next dose. In that case, do not take missed dose; go back to regular schedule. Do not double doses.

Side Effects



Overdose symptoms: bluish discoloration of the skin, cold and clammy skin, coma or extreme sleepiness, limp and/or weak muscles, low blood pressure, slow heartbeat, troubled or slowed breathing. Severe overdose may result in breathing stoppage, heart attack, or death. If you suspect an overdose, immediately seek medical attention.



More common side effects: dizziness, light-headedness, nausea, sedation, sweating, vomiting.



Less common or rare side effects: agitation, constipation, difficulty urinating, disorientation, dry mouth, fainting, fast heartbeat, feeling of elation or depression, flushing of the face, hallucinations, headache, hives, impairment of physical performance, itching, low blood pressure, mental sluggishness or clouding, palpitations, rashes, restlessness, severe convulsions, slow heartbeat, tremors, troubled and slowed breathing, uncoordinated muscle movements, visual disturbances, weakness.

Interactions



Do not take with MAO inhibitors such as Nardil or Par-nate. Inform your doctor before combining Demerol with: antidepressants such as Elavil and Tofranil; antihistamines such as Benadryl; cimetidine (Tagamet); major tranquilizers such as Mellaril and Thorazine; other narcotic painkillers such as Percocet and Tylenol with Codeine; phenytoin (Dilantin); sedatives such as Halcion and Restoril; tranquilizers such as Xanax and Valium.



Do not drink alcohol while taking Demerol; slows brain activity and intensifies the effects of alcohol.

Special Cautions



If pregnant or planning to become pregnant, inform your doctor immediately. Demerol appears in breast milk; could affect a nursing infant.



Doctor may reduce dosage for seniors.



Follow doctor's instructions carefully for children.



May impair your ability to drive a car or operate machinery. May also cause dizziness or light-headedness. Do not take part in any activity that requires alertness.

Should not take if sensitive to, or had an allergic reaction to Demerol or other narcotic painkillers.

Monitor for mental and physical tolerance if you take Demerol on an ongoing basis, or if you have had a drug abuse problem.

Use with extreme caution if you have a severe asthma attack, if you have recurring lung disease, if unable to inhale or exhale extra air when needed.

Use with caution if you have: Addison's disease, an enlarged prostate, convulsions, head injury, irregular heartbeat, severe abdominal condition, severe liver or kidney disorder, underactive thyroid gland, or urethral stricture.

Notify your doctor that you are taking Demerol before having surgery.

Appendix M

Antianxiety- Agents Profile of the Substance

HISTORICAL PERSPECTIVES*

Historically, reaction to and treatment of the mentally ill ranged from benign involvement to intervention some would consider inhumane. Mentally ill individuals were feared because of common beliefs associating them with demons or the supernatural. They were looked upon as loathsome and were often mistreated.

Beginning in the late 18th century, a type of "moral reform" in the treatment of the mentally ill began to occur. This resulted in the establishment of community and state hospitals concerned with the needs of the mentally ill. Considered a breakthrough in the humanization of care, these institutions, however well-intentioned, fostered the concept of custodial care. Patients were assured the provision of food and shelter but with little or no hope of change for the future. As they became increasingly dependent on the institution to fill their needs, the likelihood of their return to the family or community diminished.

The early part of the 20th century saw the advent of the somatic therapies in --

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the -- through their contribution to psychiatric care cannot be minimized, it must be emphasized that psychotropic medications relieve physical/behavioral symptoms. They do not resolve emotional problems.

Nurses must understand the legal implications

*From Townsend, M. C. (1990), pp 1-2.

associated with administration of psychotropic medications. Laws differ from state to state, but most adhere to the patient's right to refuse treatment. Exceptions exist in emergency situations when it has been determined that patients are likely to harm themselves or others.

ANTI-ANXIETY AGENTS

Indications

Antianxiety drugs are also called *anxiolytics* and *minor tranquilizers*. They are used in the treatment of anxiety disorders, anxiety symptoms, acute alcohol withdrawal, skeletal muscle spasms, convulsive disorders, status epilepticus, preoperative sedation, and relief of anxiety. Their use and efficacy for periods greater than 4 months have not been evaluated.

Action

Antianxiety drugs depress subcortical levels of the central nervous system (CNS), particularly the limbic system and reticular formation. They may potentiate the effects of the powerful inhibitory neurotransmitter gamma-aminobutyric acid in the brain, thereby producing a calmative effect. All levels of CNS depression can be effected, from mild sedation to hypnosis to coma.

EXCEPTION: Buspirone (BuSpar) does not depress the CNS. Its action is unknown, but the drug is believed to produce the desired effects through interactions with serotonin, dopamine, and other neurotransmitter receptors.

Contraindications/Precautions

Antianxiety drugs are contraindicated in individuals with hypersensitivity to any of the drugs within the classification (i.e., anxiolytics) or group (e.g., benzodiazepines). They should not be taken in combination with other CNS depressants and are contraindicated in pregnancy and lactation, narrow-angle glaucoma, shock, and coma.

Caution should be taken in administering these drugs to elderly or debilitated patients and patients with hepatic or renal dysfunction. (The dosage will generally have to be decreased.) Caution is also required with individuals who have a history of drug

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Affects Brain
(CNS Depression)
once again!

abuse/addiction and with individuals who are depressed or suicidal. In depressed patients, CNS depressants can exacerbate symptoms.

Examples of Commonly Used Antianxiety Agents (by Chemical Group) and the Daily Adult Dosage Range

Chemical Group	Generic (Trade) Name	Daily Dosage Range
Antihistamines	hydroxyzine (Vistaril, Anxan)	100-400 mg
Benzodiazepines	alprazolam (Xanax)	0.75-4 mg
	chlordiazepoxide (Librium)	15-100 mg
	clorazepate (Tranxene)	15-60 mg
	diazepam (Valium)	5-40 mg
	halazepam (Paxipam)	60-160 mg
	lorazepam (Ativan)	2-9 mg
	oxazepam (Serax)	30-120 mg
Metathiazanones	prazepam (Centrax)	10-60 mg
	chlormezanone (Trancopal)	100-800 mg
Propanediols	meprobamate (Equanil, Miltown)	200-2400 mg
Miscellaneous	bupirone (BuSpar)	15-60 mg

Side Effects and Nursing Implications

Nursing implications are designated by an asterisk [*].

1. Drowsiness, confusion, lethargy (most common side effects)

- * Instruct patient not to drive or operate dangerous machinery while taking medication.

2. Tolerance; physical and psychological dependence (does not apply to bupirone)

- * Instruct patient on long-term therapy not to quit taking the drug abruptly. Abrupt withdrawal can be life threatening. Symptoms include depression, insomnia, increased anxiety, abdominal and muscle cramps, tremors, vomiting, sweating, convulsions, and delirium.

3. Potentiates the effects of other CNS depressants

- * Instruct patient not to drink alcohol or take other medications that depress the CNS while taking this medication.

4. May aggravate symptoms in depressed persons

- * Assess mood daily.
- * Take necessary precautions for potential suicide.

5. Orthostatic hypotension

- * Monitor vital signs.
- * Instruct patient to arise slowly from a lying or sitting position.

6. Paradoxical excitement

- * Withhold drug and notify physician.

7. Dry mouth

- * Have patient take frequent sips of water, suck on ice chips or hard candy, or chew sugarless gum.

8. Nausea and vomiting

- * May take drug with food or milk.

9. Blood dyscrasias

- * Symptoms of sore throat, fever, malaise, easy bruising, or unusual bleeding should be reported to the physician immediately.

10. Delayed onset (bupirone only)

- * Ensure that patient understands there is a lag time of 7 to 10 days between onset of therapy with bupirone and subsiding of anxiety symptoms. Patient should con-

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sion, insomnia, anxiety, abdominal and muscle cramps, tremors, vomiting, sweating, convulsions, and delirium.

- * (With *bupropion* only): Be aware of lag time between start of therapy and subsiding of symptoms. Relief is usually evident within 7 to 10 days. Be sure to take medication regularly, as ordered, so that it has sufficient time to take effect.
- * Not consume other CNS depressants, including alcohol.
- * Not take nonprescription medication without approval from physician.
- * Rise slowly from sitting or lying position to prevent sudden drop in blood pressure.
- * Report symptoms of sore throat, fever, malaise, easy bruising, unusual bleeding, or motor restlessness to physician immediately.
- * Be aware of risks of taking this drug during pregnancy. (Congenital malformations have been associated with use during first trimester.) Notify physician of desirability to discontinue drug if pregnancy is suspected or planned.
- * Be aware of possible side effects. Refer to written materials furnished by health-care providers regarding correct method of self-administration.
- * Carry card or piece of paper at all times stating names of medications being taken.

ANTIDEPRESSANTS

Indications

Antidepressant medications are used in the treatment of dysthymic disorder; major depression with melancholia or psychotic symptoms; depression associated with organic disease, alcoholism, schizophrenia, or mental retardation; depressive phase of bipolar disorder; and depression accompanied by anxiety. These drugs elevate mood and alleviate other symptoms associated with moderate-to-severe depression.

Action

These drugs ultimately work to increase the concentration of norepinephrine and serotonin in the body. This is accomplished in the brain by blocking

the reuptake of these chemicals by the neurons (unicyclics, bicyclics, tricyclics, tetracyclics, and others). It also occurs when an enzyme, monoamine oxidase (MAO), that is known to inactivate norepinephrine and serotonin is inhibited at various sites in the body (MAO inhibitors).

Contraindications/Precautions

Antidepressant drugs are contraindicated in individuals with hypersensitivity. They are also contraindicated in the acute recovery phase following myocardial infarction and in individuals with angle-closure glaucoma.

Caution should be taken in administering these drugs to elderly or debilitated patients and patients with hepatic, renal, or cardiac insufficiency. (The dosage will generally have to be decreased.) Caution is also required with psychotic patients, with patients who have benign prostatic hypertrophy, and with individuals who have a history of seizures (may decrease seizure threshold).

NOTE: As these drugs take effect, and mood begins to lift, the individual may have increased energy with which to implement a suicide plan. Suicide potential often increases as level of depression decreases. The nurse should be particularly alert to sudden lifts in mood.

Examples of Commonly Used Antidepressant Medications (by Chemical Group) and the Daily Adult Dosage Range

NOTE: Dosage requires slow titration; onset of therapeutic response may be 1 to 4 weeks.

Chemical Group	Generic (Trade) Name	Daily Dosage Range
Unicyclic	bupropion (Wellbutrin)	200-450 mg
Bicyclic	fluoxetine (Prozac)	20-80 mg
Tricyclics	amitriptyline (Elavil)	75-300 mg
	amoxapine (Asendin)	100-600 mg
	clomipramine (Anafranil)	75-150 mg
	desipramine (Norpramin)	75-300 mg
	doxepin (Sinequan; Adapin)	30-300 mg
	imipramine (Tofranil)	75-300 mg

(continued)

Antianxiety-
Agents the
Appellant was
Prescribed

86 **Atacand**

Usual adult dose: *initially*—16 milligrams once per day. Final dose will be 8 to 32 milligrams once or twice per day. A thiazide-type diuretic may be added to therapy if necessary.



Usual child dose: not generally prescribed for children.



Missed dose: take as soon as possible, unless almost time for next dose. In that case, do not take missed dose; go back to regular schedule. Do not double doses.

Side Effects

Overdose symptoms: low blood pressure (indicated by dizziness or fainting and rapid heartbeat) or slow heartbeat. If you suspect an overdose, immediately seek medical attention.



More common side effects: headache, dizziness.



Less common side effects: back pain, cold-like symptoms, drowsiness, flushing, rash, upper respiratory tract infection. Rare side effects: abdominal pain, allergy, chest pain, diarrhea, fatigue, joint pain, swelling, vomiting.

Interactions

Use carefully in combination with other blood-pressure-lowering medications.



Do not combine Atacand with over-the-counter medications that may raise blood pressure, such as decongestants, diet pills, or other stimulants.

Special Cautions

Atacand may cause injury and death to a fetus when used during the second or third trimesters. If pregnant or planning to become pregnant, take medi-

Atarax 87

cation and inform your doctor immediately. Appears in breast milk; could affect a nursing infant.

65

No special precautions apply to seniors.



Not generally prescribed for children.



Use with caution if you have a history of kidney disease or severe congestive heart failure.

Avoid strenuous exercise and very hot weather, and drink plenty of water to avert a rapid drop in blood pressure.

Atarax

Generic name: Hydroxyzine hydrochloride

Other brand names: Anxanil, Vistaril

Atarax is an antihistamine. It works by blocking the effects of histamine, a body chemical that typically causes swelling and itching.

QUICK FACTS**Purpose**

Used to treat common anxiety and tension, and in combination with other medications to treat anxiety resulting from physical illness. Also used to treat itching from allergic reactions, and as a sedative before and after general anesthesia.

Dosage

Take exactly as prescribed. Treatment that begins with injections can be continued in tablet form. Not intended for long-term use—no more than 4 months. If taking narcotics, non-narcotic analgesics, or barbiturates with Atarax, their dosage should be reduced.

88 **Atarax**

Usual adult dose: for anxiety and tension—50 to 100 milligrams 4 times per day. For itching from allergies—25 milligrams, 3 or 4 times per day. Before and after general anesthesia—50 to 100 milligrams.



Usual child dose—For anxiety and tension under age 6—50 milligrams per day total, divided into several smaller doses; for anxiety and tension over age 6—50 to 100 milligrams per day, divided into smaller doses. For itching from allergies under age 6—50 milligrams per day total, divided into several smaller doses; for itching from allergies over age 6—50 to 100 milligrams per day, divided into several smaller doses. Before and after general anesthesia—0.6 milligrams per 2.2 pounds of body weight.



Missed dose: take as soon as possible, unless almost time for next dose. If so, skip missed dose; go back to regular schedule. Do not double doses.

Side Effects

Overdose symptoms: most common is oversedation; drop in blood pressure, although rare, is another symptom. If you suspect an overdose, immediately seek medical attention.



Most common side effect: drowsiness.



Other side effects: convulsions, dry mouth, tremors, twitches.

Interactions

Inform your doctor before combining Atarax with barbiturates such as Seconal and Phenobarbital, narcotics such as Demerol and Percocet, non-narcotic analgesics such as Motrin and Tylenol.



Do not combine alcohol with this medication; may intensify the effects of alcohol.

Ativan 89**Special Cautions**

If pregnant or planning to become pregnant, inform your doctor immediately. Should not be taken in early pregnancy. May appear in breast milk; could affect a nursing infant.



No special precautions apply to seniors.



Follow doctor's instructions carefully for children.



May cause drowsiness and impair your ability to drive a car or operate machinery. Do not take part in any activity that requires alertness.

If allergic to Atarax, should not take.

Atenolol

see TENORMIN

**Atenolol with
Chlorthalidone**

see TENORETIC

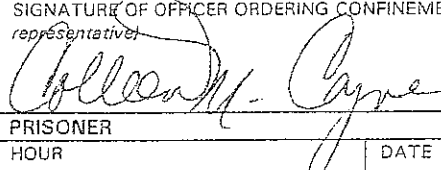
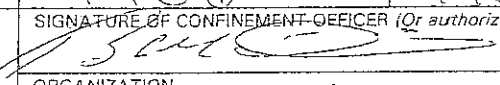
Ativan

Generic name: Lorazepam

Other brand name: Alzapam

Ativan is a benzodiazepine tranquilizer. It selectively reduces the activity of certain chemicals in the brain.

Appendix N

CONFINEMENT ORDER			DATE 19 March 1999	
Prepare in duplicate. Original is retained by Confinement Officer; duplicate is returned to officer directing the confinement. The normal period for preferring court-martial charges following restraint of accused is 24 hours. (As to who may direct confinement, see paragraph 21a, MCM 1951.)				
TO: Confinement Officer		INSTALLATION MANNHEIM CONFINEMENT FACILITY		
THE PERSON NAMED BELOW WILL BE CONFINED				
LAST NAME - FIRST NAME - MIDDLE INITIAL ARMANN, Kurtis E.		GRADE E-1	SERVICE NUMBER/ SSAN [REDACTED] 0	DEPARTMENT OF MILITARY SERVICE U.S. Army
ORGANIZATION A Company, 127 th Aviation Support Battalion, APO AE 09165				
TYPE OF CONFINEMENT PRETRIAL X RESULT OF COURT-MARTIAL		OFFENSE(S) AND UCMJ ARTICLE(S) VIOLATED Article 80 (Attempted murder), Article 81 (Conspiracy to commit premeditated murder), Article 92 (Violate a general regulation), Article 112a (Wrongful use of marijuana)		
TYPE OR PRINTED NAME, GRADE AND TITLE OF OFFICER ORDERING CONFINEMENT (Or authorized representative) COLLEEN M. COYNE, CPT, JA Assistant Trial Counsel		SIGNATURE OF OFFICER ORDERING CONFINEMENT (Or authorized representative) 		
RECEIPT FOR PRISONER				
THE PRISONER NAMED ABOVE WAS RECEIVED FOR CONFINEMENT AT: USAREUR		HOUR 1706	DATE 990320	
TYPED OR PRINTED NAME AND GRADE OF CONFINEMENT OFFICER (Or authorized representative) McGill BRIDGET L. SSG, USA GUARD CMB.		SIGNATURE OF CONFINEMENT OFFICER (Or authorized representative) 		
		ORGANIZATION GAMP Det 29724 APO AE 09028		

MEDICAL EXAMINER'S I	
TO: <u>Confinement Officer</u>	
I HAVE THIS DATE EXAMINED THE PRISONER NAMED BELOW AND FIND THAT: HE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT MENTALLY AND PHYSICALLY QUALIFIED TO PERFORM HE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT FREE FROM COMMUNICABLE DISEASE.	
LAST NAME - FIRST NAME - MIDDLE INITIAL <u>Armann, Kurtis</u>	
REMARKS B/P: <u>131/87</u> P: <u>65</u> T: <u>97.3</u>	
MEDICATIONS: <u>Terbutaline, Angin, phylis, Compazine</u>	
ALLERGIES: <u>NKDA</u>	
HEENT: <u>benign</u>	
HEART: <u>RR 12</u>	
LUNGS: <u>CYTBIL</u>	
ABD: <u>SP/NT/ND</u>	
EXT: <u>SP/NT/ND</u>	
NEURO: <u>non-focal</u>	
PSYCH: <u>SE QUIT</u>	
PHYSICAL TRAUMA X24HRS (YES) (NO) <u>Denies</u>	
SIGNATURE OF MEDICAL OFFICER <u>BRADMBEL, PT, MC</u>	

DD FORM 503 1 DEC 15 REPLACES EDITION OF 1 MAY 51, WHICH WILL BE USED UNTIL EXHAUSTED

This is the confinement physical it lists I was on (4) medications although (2) of them are the same, so I was on (3) why was I on (1) when I went to trial. You can also see the dangerous mixture of compazine and Elavil over before confinement!

PMH
- Migraine HTA
- H6 LOC
- and photophobia
- Eczema

6233

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

MEDICAL CONDITION

Chronic Medication - Refractory MAs

2.

P	U	L	H	E	S
2	1	1	1	1	1

CODES

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

In addition to P3 profile for MAs:

4. THIS PROFILE IS

☐ PERMANENT☒ TEMPORARY EXPIRATION DATE: *01 Sept 99*

THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Groin Stretch | <input type="checkbox"/> Thigh Stretch | <input type="checkbox"/> Lower Back Stretch | <input type="checkbox"/> Neck & Shoulder Stretch | <input type="checkbox"/> Neck Stretch |
| <input type="checkbox"/> Hip Raise | <input type="checkbox"/> Quads Stretch & Bal. | <input type="checkbox"/> Single Knee to Chest | <input type="checkbox"/> Upper Back Stretch | <input type="checkbox"/> Ankle Stretch |
| <input type="checkbox"/> Knee Bender | <input type="checkbox"/> Calf Stretch | <input type="checkbox"/> Straight Leg Raise | <input type="checkbox"/> Chest Stretch | <input type="checkbox"/> Hip Stretch |
| <input type="checkbox"/> Side-Straddle Hop | <input type="checkbox"/> Long Sit | <input type="checkbox"/> Elongation Stretch | <input type="checkbox"/> One-Arm Side Stretch | <input type="checkbox"/> Upper Body Wt Tng |
| <input type="checkbox"/> High Jumper | <input type="checkbox"/> Hamstring Stretch | <input type="checkbox"/> Turn and Bounce | <input type="checkbox"/> Two-Arm Side Stretch | <input type="checkbox"/> Lower Body Wt Tng |
| <input type="checkbox"/> Jogging in Place | <input type="checkbox"/> Hams. & Calf Stretch | <input type="checkbox"/> Turn and Bend | <input type="checkbox"/> Side Bender | <input type="checkbox"/> All |

AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for ____ Min.
- ☐ Bicycle at Training Heart Rate for ____ Min.
- ☐ Swim at Training Heart Rate for ____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

With Hearing Protection

- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to ____ Miles
- ☐ Lift Up to ____ Pounds
- ☐ All

PHYSICAL FITNESS TEST

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Two Mile Run | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Push-Ups | <input type="checkbox"/> Swim |
| <input type="checkbox"/> Sit-Ups | <input type="checkbox"/> Bicycle |

8. TRAINING HEART RATE FORMULA

MALES 220

FEMALES 225

MINUS (-) AGE

MINUS (-) RESTING HEART RATE

TIMES (x) % INTENSITY

PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION

60% HEALTHY, SEDENTARY INDIVIDUAL

70% MODERATELY ACTIVE, MAINTENANCE

80% WELL TRAINED INDIVIDUAL

9. OTHER

Patient is authorized to wear sunglasses indoors as needed

he is authorized/ Patient should not wear sunglasses for > 1.5 hours.

TYPED NAME AND GRADE OF PROFILING OFFICER

SIGNATURE

DATE

*Kobylarz, Erik**MAJ Neurology*

TYPED NAME AND GRADE OF APPROVING OFFICER

DACHET, HOOD

DATE

PERMANENT CHANGE OF PROFILE

TYPED NAME, GRADE & TITLE OF APPROVING OFFICER

THIS PERMANENT CHANGE IN PROFILE SET

☐ MILITARY OCCUPATIONAL SPECIALTY

TYPED NAME AND GRADE OF UNIT COMMANDER

PATIENT'S IDENTIFICATION (For typed or written middle); grade; SSN; hospital or medical facility)

*ARMANN, KURTUS EDWARD**20/SP50*

ISSUING CLINIC AND PHONE NUMBER

DISTRIBUTION

UNIT COMMANDER - ORIGINAL & 1 COPY

HEALTH RECORD JACKET - 1 COPY

CLINIC FILE - 1 COPY

MILPO - 1 COPY

990527

Change Gaba Pentin

Begin taper to ~~meds~~ off
~~over~~ as follows:

take one tab 2X /day
for 3 days 27-29 MAY

then take 1/2 tab every
day for 3 days 30 May - 1 Jun

H/ This was an emergency very
taper to get me off
of the ant. convulsants 3 days
because I had severe 28 Jun - 1 Jun
reactions. A problem
did exist!

Y BROADWELL, CPT, MC

6233

DSN

382-5464

MEDICAL RECORD	CONSULTATION SHEET
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TO: <u>Hiedleberg Psychiatry</u>	REQUEST: <u>SWS - USAFC - E</u>	DATE OF REQUEST: <u>30 Jul 99</u>
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REASON FOR REQUEST (Complaints and findings):
 24 y/o white male attempted suicide on 25 Jul 99 by cutting wrists and arms. Inmate states not suicidal at this time but he can not predict mood changes. He insists he doesn't know why he attempted and states he wanted to die. Even though he made more cuts on top of arms mutilating himself. Call 382-5174 for more information.

PROVISIONAL DIAGNOSIS

R/O SI or ~~act~~ possibility to act out.

DOCTOR'S SIGNATURE <u>Angela M. Kuchner</u>	APPROVED <u>S. M. [Signature]</u>	PLACE OF CONSULTATION <input type="checkbox"/> SEEDSIDE <input type="checkbox"/> ON CALL	<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
--	--------------------------------------	---	--

Angela M. Kuchner, Spt
 91X20

CONSULTATION REPORT

Review of events leading to most recent and prior suicide attempts - PT reports he can go along for months at a time fully great and within a course of a day, can develop intense suicidal ideation which is so strong it keeps him from following his contract of carrying a staff number - He does report that there is a premonitory phase of withdrawal & isolation. A depression w/ disordered with historical / borderline traits. depersonalization and dissociation are past.

At present, on MSE, he reports no suicidal ideation. He does report transient hallucinatory visions which are intermittent in nature. None common hallucinations.

more proof of the medications listed are: Elavil, miltrex, Firocet, Secoral, Phavergan, Paxil, Couper

REC. Return to cell in Delta Block - with rest of razors, sunglasses. IF PATE WATCH monitor affective state to observe

(Continued on reverse side)

SIGNATURE AND TITLE

MAY BREITENBACH USAR MC
 IDENTIFICATION NO. ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

CONSULTATION SHEET
 STANDARD FORM 513 (Rev. 9-7)
 Prescribed by GSA/ICMR
 FPMR 101-11.806-3
 513-107

Armann, Kurtis

APR 23 1990
Name: [illegible]
Date of Birth: [illegible]
Address: [illegible]
Age: 24

Vital Signs
Time: 0130
BP: 120/80
HR: 82
Pulse: 101
Resp: 20
Temp: 98.2
ET-Ped: [illegible]

Medications
benzodol
Amphetamine
phenylephrine
24 on a milt-l-l 1-1 on both arm
more proof of
the amounts of red
Listed are
bowedry, Elavil
Pleurogram, midniffract

Diagnosis
Schizophrenia
Trazidone
Deserol
1.1 on both arm
more proof of
the amounts of red
Listed are
bowedry, Elavil
Pleurogram, midniffract

ASSESSMENT/DIAGNOSIS
Specific affect
Disposition
Home Full duty
Quarters
24hrs 48hrs

Second, Trazidone,
Paroxetine (Paxil)
Thiorazine?

Second, Trazidone,
Paroxetine (Paxil)
Thiorazine?

Admitted to:
Emergency
2 hours
Routine

Admitted to:
Emergency
2 hours
Routine

Admitted to:
Emergency
2 hours
Routine

Condition Upon Release:
Improved
Unchanged
Deteriorated
Release Date: 0130

Signature of Provider/Stamp:
[illegible]

Signature of Provider/Stamp:
[illegible]

RECEIVED
[illegible]

RECEIVED
[illegible]

RECEIVED
[illegible]

OBSERVATION/DISCIPLINARY INFRACTION REPORT
USDBR 600-1

NAME OF INMATE (LAST, FIRST, MI) Armann, Kurtis		REG # 77162	CUSTODY GRADE	DOMICILE 4B	CELL/ROOM/BAY # 4201
DATE OF REPORT 990907	<input checked="" type="checkbox"/> REPORT OF OBSERVATION		<input type="checkbox"/> DISCIPLINARY INFRACTION		DETAIL STATUS

TIME/DATE OF INCIDENT 990907/2100	LOCATION OF OBSERVATION/INCIDENT 4 Base Guard Cage
---	--

DESCRIPTION OF OBSERVATION/INCIDENT

on 990907 inmate Armann requested meds at 2100. The med S which Armann requested is (2) Thorazine and (6) Elavil. The label does state that both can be taken at bedtime, however the Elavil is not issued from the USDB Health Clinic or Munson Hospital. SFC Cardwell was notified about the amount and did consider it to be excessive. He stated, "Go ahead and issue it but make sure someone tells CPT Ruiz in the A.M." Control notified 2055. E.O. 5-

excessive medication

USDBR 600-1 (MGI) INSTITUTIONAL OFFENSE #/OFFENSE TITLE/OF		USE ON BACK IF NECESSARY	
REBUTTALS TO FILE UNFAVORABLE REPORTS MUST BE SUBMITTED		USDBR 600-1 (MGI)	
I DO _____ (INITIAL) WANT TO REBUT THIS FILE UNFAVORABLE			
I DO NOT _____ (INITIAL) WANT TO REBUT THIS FILE UNFAVORABLE			
REPORTED BY (PLEASE PRINT) J. Cinotta	RANK E6		
WAS INMATE INFORMED OF THIS REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WITNESS OF INCIDENT		
NAME OF GUARD COMMANDER (PLEASE PRINT) Henry L. Cordic	RANK Sgt	SIGNATURE OF GUARD COMMANDER <i>[Signature]</i>	
<input type="checkbox"/> REFER TO INVESTIGATIONS	<input type="checkbox"/> FILE UNFAVORABLE	PAGE _____ OF _____	

HEAVY INC. DTP

Appendix O



October 4, 2000

Ms. Jimonique Rodgers
USALSA - Defense Appellate
901 North Stuart Street
Arlington, VA 22203

Dear Ms. Rodgers:

Thank you for contacting Roche regarding Accutane® (isotretinoin). As you have requested, we are enclosing a package insert.

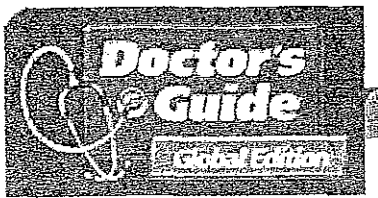
Please note that the package insert, also called the prescribing information, contains a great deal of technical information. It is designed to help health care professionals understand what we have learned about this product. If you have any questions, we urge you to discuss them with your doctor or pharmacist.

If we can be of further assistance, please do not hesitate to contact us. Thank you for your interest in Roche.

Cordially,

Roche Pharmaceuticals Service Center
1-800-526-6367

/bc
Enclosure



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FDA Reports Accutane May Be Linked To De Suicide

WASHINGTON, MD -- February 26, 1998 -- The United States Food and Drug Administration is advising consumers, health care providers of new safety information regarding the prescription anti-acne drug Accutane (isotretinoin) and reports of depression, psychosis and rarely suicidal thoughts.

Accutane was approved in 1982 to treat only a very small number of severe nodular acne that has not responded to other therapies.

Although the Accutane label already included information regarding depression as a possible adverse reaction, the FDA felt health care providers and others needed additional information as a result of adverse event reports the agency received.

FDA and the drug manufacturer are strengthening this warning, even though it is difficult to identify the exact number of these problems. Such problems could already be more common among the patient populations likely to be on the drug.

However, because some patients who reported depression reported that the depression subsided when they stopped the drug and came back when they resumed taking it, and the manufacturer felt the strengthened labelling was warranted as a precautionary measure.

Given the complex nature of depression and suicidal thoughts, the new label information will advise health care providers that merely discontinuing the drug may be insufficient to reduce the risk of adverse events and that further evaluation may be necessary.

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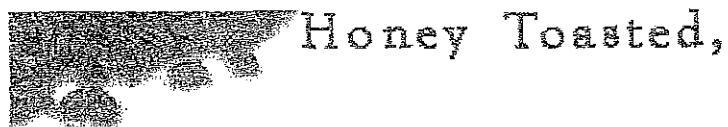
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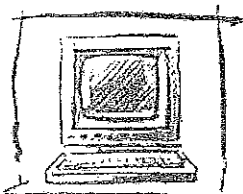
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FDA warns of depression among patients using acne drug Accutane

Web posted Feb. 25 at 10:46 PM

Associated Press

WASHINGTON -- Doctors prescribing the powerful acne drug Accutane should watch patients carefully for signs of depression, says a warning issued Wednesday on the basis of reports of depression and a few suicides among Accutane patients.

There's no proof that Accutane caused the problems, argued manufacturer Hoffman-La Roche. It said people with severe acne are at risk for depression anyway.

But the Food and Drug Administration counted about a dozen patients who became depressed while taking Accutane, then found that their depression disappeared after they stopped the medication and recurred once they took it again.

That was enough of a link to prompt the precautionary warning, FDA said.

Roche wrote thousands of doctors Wednesday that it is relabeling Accutane to warn: "Accutane may cause depression, psychosis and, rarely, suicidal ideation, suicide attempts and suicide."

Patients should tell a doctor if they're feeling depressed, said FDA dermatologic drugs chief Dr. John Wilkin. And at every visit, doctors should "ask questions to the patient about changes in mood," he said.

Roche officials refused to say how many depressed patients or suicides they know of but stressed that more than 4 million

Americans have taken Accutane since it was approved in 1982, and the possible side effect is very rare.

Roche also argued that teen-agers, prime acne sufferers, often suffer depression, and hormones involved with acne also may contribute to depression.

FDA officials also would not say how many depression and suicide reports among Accutane patients it has received but called them "isolated." Wilkin emphasized that the estimated dozen patients whose depression occurred and then disappeared as they started and stopped Accutane were enough to suggest a link.

Accutane, considered a significant help to people with severe nodular acne, already carried a stern warning that it is never to be used by women who are pregnant or may become pregnant because it can cause birth defects.

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2722/ROCHE LABS

PHYSICIANS' DESK REF

Accutane—Cont.

epidemic cannot be controlled at an acceptable level or if symptoms of pancreatitis occur.

Lipids: Elevations of serum triglycerides have been reported in patients treated with Accutane. Marked elevations of serum triglycerides in excess of 800 mg/dL were reported in approximately 25% of patients receiving Accutane in clinical trials. In addition, approximately 15% developed a decrease in high-density lipoproteins and about 7% showed an increase in cholesterol levels. In clinical trials, the effects on triglycerides, HDL, and cholesterol were reversible upon cessation of Accutane therapy. Some patients have been able to reverse triglyceride elevation by reduction in weight, restriction of dietary fat and alcohol, and reduction in dose while continuing Accutane.³

Blood lipid determinations should be performed before Accutane is given and then at intervals until the lipid response to Accutane is established, which usually occurs within 4 weeks. Especially careful consideration must be given to risk/benefit for patients who may be at high risk during Accutane therapy (patients with diabetes, obesity, increased alcohol intake, lipid metabolism disorder or familial history of lipid metabolism disorders). If Accutane therapy is instituted, more frequent checks of serum values for lipids and/or blood sugar are recommended (see PRECAUTIONS: Laboratory Tests).

The cardiovascular consequences of hypertriglyceridemia associated with Accutane are unknown. **Animal Studies:** In rats given 5 or 32 mg/kg/day of isotretinoin (0.7 or 2.7 times the maximum clinical dose after normalization for total body surface area) for 18 months or longer, the incidences of focal calcification, fibrosis and inflammation of the myocardium, calcification of coronary, pulmonary and mesenteric arteries, and metastatic calcification of the gastric mucosa were greater than in control rats of similar age. Focal endocardial and myocardial calcifications associated with calcification of the coronary arteries were observed in two dogs after approximately 6 to 7 months of treatment with isotretinoin at a dosage of 50 to 120 mg/kg/day (15 to 30 times the maximum clinical dose, respectively, after normalization for total body surface area).

Hearing Impairment: Impaired hearing has been reported in patients taking Accutane; in some cases, the hearing impairment has been reported to persist after therapy has been discontinued. Mechanisms and causality for this event have not been established. Patients who experience tinnitus or hearing impairment should discontinue Accutane treatment and be referred to specialized care for further evaluation (see ADVERSE REACTIONS: Special Senses).

Hepatotoxicity: Clinical hepatitis considered to be possibly or probably related to Accutane therapy has been reported. Additionally, mild to moderate elevations of liver enzymes have been observed in approximately 15% of individuals treated during clinical trials, some of which normalized with dosage reduction or continued administration of the drug. If normalization does not readily occur or if hepatitis is suspected during treatment with Accutane, the drug should be discontinued and the etiology further investigated.

Inflammatory Bowel Disease: Accutane has been associated with inflammatory bowel disease including regional ileitis in patients without a prior history of intestinal disorders. In some instances, symptoms have been reported to persist after Accutane treatment has been stopped. Patients experiencing abdominal pain, rectal bleeding or severe diarrhea should discontinue Accutane immediately (see ADVERSE REACTIONS: Gastrointestinal).

Skeletal Hyperostosis: A high prevalence of skeletal hyperostosis was noted in clinical trials for disorders of keratinization with a mean dose of 2.24 mg/kg/day. Additionally, skeletal hyperostosis was noted in 6 of 8 patients in a prospective study of disorders of keratinization.⁴ Minimal skeletal hyperostosis and calcification of ligaments and tendons have also been observed by x-ray in prospective studies of nodular acne patients treated with a single course of therapy at recommended doses. The skeletal effects of multiple Accutane treatment courses for acne are unknown.

Premature Epiphyseal Closure: There are spontaneous reports of premature epiphyseal closure in acne patients receiving recommended doses, but it is not known if there is a causal relationship with Accutane. In clinical trials for disorders of keratinization with a mean dose of 2.24 mg/kg/day, two children showed x-ray findings suggestive of premature epiphyseal closure. The skeletal effects of multiple Accutane treatment courses for acne are unknown.

Vision Impairment: Visual problems should be carefully monitored. All Accutane patients experiencing visual difficulties should discontinue Accutane treatment and have an ophthalmological examination (see ADVERSE REACTIONS: Special Senses).

Corneal Opacities: Corneal opacities have occurred in patients receiving Accutane for acne and more frequently when higher drug dosages were used in patients with disorders of keratinization. The corneal opacities that have been observed in clinical trial patients treated with Accutane have either completely resolved or were resolving at follow-up 6 to 7 weeks after discontinuation of the drug (see ADVERSE REACTIONS: Special Senses).

Decreased Night Vision: Decreased night vision has been reported during Accutane therapy and in some instances

cause the onset in some patients was sudden. Patients should be advised of this potential problem and warned to be cautious when driving or operating any vehicle at night.

PRECAUTIONS

Information for Patients and Prescribers: Females of childbearing potential should be instructed that they must not be pregnant when Accutane therapy is initiated, and that they should use effective contraception while taking Accutane and for 1 month after Accutane has been stopped. They should also sign a consent form prior to beginning Accutane therapy. They should be instructed to join the Accutane Survey and to review the patient videotape provided by Roche to the prescriber that provides information about contraception, the most common reasons that contraception fails, and the importance of using effective contraception when taking teratogenic drugs. Female patients should also be seen monthly and have a urine or serum pregnancy test performed each month during treatment to confirm negative pregnancy status (see boxed CONTRAINDICATIONS AND WARNINGS).

• Patients should be informed that they must not share Accutane with anyone else because of the risk of birth defects and other serious adverse events.

• Patients should not donate blood during therapy and for 1 month following discontinuation of the drug because the blood might be given to a pregnant woman whose fetus must not be exposed to Accutane.

• Patients should be informed that transient exacerbation (flare) of acne has been seen, generally during the initial period of therapy.

• Wax epilation and skin resurfacing procedures (such as dermabrasion, laser) should be avoided during Accutane therapy and for at least 6 months thereafter due to the possibility of scarring (see ADVERSE REACTIONS: Skin and Appendages).

• Patients should be advised to avoid prolonged exposure to UV rays or sunlight.

• Patients should be informed that they may experience decreased tolerances to contact lenses during and after therapy.

• Patients should be informed that approximately 15% of patients treated with Accutane in a clinical trial developed musculoskeletal symptoms (including arthralgia) during treatment. In general, these symptoms were mild to moderate, but occasionally required discontinuation of the drug. Transient pain in the chest has been reported less frequently. In the clinical trial, these symptoms generally cleared rapidly after discontinuation of Accutane, but in some cases persisted (see ADVERSE REACTIONS: Musculoskeletal).

• Neutropenia and rare cases of agranulocytosis have been reported. Accutane should be discontinued if clinically significant decreases in white cell counts occur.

Hypersensitivity: Anaphylactic reactions and other allergic reactions have been reported. Cutaneous allergic reactions and serious cases of allergic vasculitis, often with purpura (bruises and red patches) of the extremities and extracutaneous involvement (including renal) have been reported. Severe allergic reaction necessitates discontinuation of therapy and appropriate medical management.

Drug Interactions

• Because of the relationship of Accutane to vitamin A, patients should be advised against taking vitamin supplements containing vitamin A to avoid additive toxic effects.

• Concomitant treatment with Accutane and tetracyclines should be avoided because Accutane use has been associated with a number of cases of pseudotumor cerebri (benign intracranial hypertension), some of which involved concomitant use of tetracyclines.

• Microdosed progesterone preparations (minipills) may be an inadequate method of contraception during Accutane therapy. Although other hormonal contraceptives are highly effective, there have been reports of pregnancy from women who have used oral contraceptives, as well as injectable/implantable contraceptive products. These reports are more frequent for women who use only a single method of contraception. It is not known if hormonal contraceptives differ in their effectiveness when used with Accutane. Therefore, it is critically important that women of childbearing potential use even effective forms of contraception simultaneously, unless absolute abstinence is the chosen method, even when one of the forms is a hormonal contraceptive method (see boxed CONTRAINDICATIONS AND WARNINGS).

Laboratory Tests

• **Pregnancy Test:** Female patients of childbearing potential must have negative results from two urine or serum pregnancy tests with a sensitivity of at least 50 mIU/mL before a prescription is given. The first test is to be performed at the office visit when the patient is qualified for Accutane therapy by her prescriber. The second test is to be performed on the second day of her next menstrual cycle or 11 days after her last unprotected act of sexual intercourse, whichever is later. Additional pregnancy tests are to be conducted monthly during treatment.

• **Lipids:** Pretreatment and follow-up blood lipids should be obtained under fasting conditions. After consumption of alcohol, at least 36 hours should elapse before these determinations are made. It is recommended that these tests be performed at weekly or biweekly intervals until the lipid response to Accutane is established. The incidence of hypertriglyceridemia is 1 patient in 4 in a recent

• **Liver Function Tests:** Since elevations of liver enzymes have been observed during clinical trials, pretreatment and follow-up tests should be performed at weekly intervals until the response to Accutane is established (see WARNINGS: Hepatotoxicity).

• **Glucose:** Some patients receiving Accutane have experienced problems in the control of their blood glucose. In addition, new cases of diabetes have been reported during Accutane therapy, although no causal relationship has been established.

• **CPK:** Some patients undergoing vigorous exercise while on Accutane therapy have experienced elevated CPK levels; however, the clinical significance is unknown.

Carcinogenesis, Mutagenesis and Impairment of Fertility: In male and female Fischer 344 rats given Accutane at dosages of 3 or 32 mg/kg/day (0.7 or 2.7 times the maximum clinical dose, respectively, after normalization for total body surface area) for greater than 18 months, dose-related increases in incidence of placental abnormalities were observed. The incidence of placental abnormalities was also increased at the higher dose. The relatively high level of spontaneous abortions occurring in the male Fischer-344 rat is an equivalent model for study of this tumor, the incidence of this tumor to the human population.

The Ames test was conducted with Accutane in various bacterial strains. The results of the tests in all bacterial strains were negative. Additionally, Accutane was assigned to assess genotoxicity (Chinese hamster ovary micronucleus test, *S. cerevisiae* D7 clastogenesis assay with human-derived lymphocytes, unscheduled DNA synthesis assay) were all negative. In rats, no adverse effects on gonadal function, conception rate, gestation or parturition were observed at dosages of isotretinoin of 2, 8, or 32 mg/kg/day (0.7, 2.7 or 8 times the maximum clinical dose, respectively, after normalization for total body surface area).

In dogs, testicular atrophy was noted after oral isotretinoin for approximately 30 weeks at 20 or 50 mg/kg/day (5 or 15 times the maximum clinical dose, respectively, after normalization for total body surface area). In general, there was microscopic evidence of complete depression of spermatogenesis but not observed in all testes examined and in dogs with completely atrophic tubules seen. In studies of 10 dogs with oral isotretinoin, no significant changes in the count or motility of spermatozoa in the epididymus of 50 men (ages 17 to 32 years) receiving isotretinoin therapy for nodular acne, 60 patients were seen on ejaculate volume, sperm count, motility, morphology or seminal plasma fraction.

Pregnancy: Category X. See boxed CONTRAINDICATIONS AND WARNINGS.

Nursing Mothers: It is not known whether Accutane is excreted in human milk. Because of the potential for adverse effects, nursing mothers should not receive Accutane.

ADVERSE REACTIONS

Clinical Trials and Postmarketing Surveillance: Adverse reactions listed below reflect the experience from clinical studies of Accutane, and the postmarketing experience. The relationship of some of these adverse reactions to Accutane therapy is unknown. Many of the adverse reactions seen in patients receiving Accutane are similar to those described in patients taking oral vitamin A (dryness of the skin and mucous membranes, nose, lips, nasal passage, and eyes).

Dose Relationship: Chills and hyperthermia are usually dose related. Most adverse reactions are reversible when therapy is discontinued; however, some persisted after cessation of therapy (see WARNINGS AND ADVERSE REACTIONS).

As a Whole: Allergic reactions, including systemic hypersensitivity (see PRECAUTIONS: Hypersensitivity), edema, fatigue, lymphadenopathy, myalgia, arthralgia, palpitation, tachycardia, bone disease, stroke.

Endocrine Metabolic: hypertriglyceridemia, hypocalcemia, alterations in blood sugar (see PRECAUTIONS: Laboratory Tests).

Gastrointestinal: inflammatory bowel disease, dyspepsia, indigestion, nausea, vomiting, constipation, diarrhea, flatulence, bleeding and inflammation of the oral cavity, nose, other nonspecific gastrointestinal problems.

Hematologic: allergic reactions (see PRECAUTIONS: Hypersensitivity), anemia, thrombocytopenia, rare reports of agranulocytosis (see PRECAUTIONS: Information for Patients and Prescribers; See PRECAUTIONS: Laboratory Tests for other hematological parameters).

Musculoskeletal: skeletal hyperostosis, tendinitis and ligaments, premature epiphyseal closure. **WARNINGS:** Skeletal: mild to moderate symptoms including arthralgia (see PRECAUTIONS: Information for Patients and Prescribers; See PRECAUTIONS: Laboratory Tests).

PRODUCT INFORMATION

ROCHE LABS/2723

ACCUTANE DOSING BY BODY WEIGHT

kilograms	Body Weight		0.5 mg/kg 1 mg/kg	Total mg/day 1 mg/kg	2 mg/kg
	pounds				
40	88		20	40	80
50	110		25	50	100
60	132		30	60	120
70	154		35	70	140
80	176		40	80	160
90	198		45	90	180
100	220		50	100	200

Soft gelatin capsules, 40 mg (yellow), imprinted ACCUTANE 40 ROCHE. Boxes of 100 containing 10 Prescription Packs of 10 capsules (NDC 0004-0155-91). Store at controlled room temperature (59° to 86°F, 15° to 30°C). Protect from light.

REFERENCES

1. Peck GL, Olsen TG, Yoder FW, et al. Prolonged remissions of cystic and conglobate acne with 13-cis-retinoic acid. *N Engl J Med* 300:329-333, 1979.
2. Pochi PE, Shalita AR, Strauss JS, Webster SB. Report of the consensus conference on acne classification. *J Am Acad Dermatol* 24:495-500, 1991.
3. Farrell LN, Strauss JS, Stranieri AM. The treatment of severe cystic acne with 13-cis-retinoic acid: evaluation of sebum production and the clinical response in a multiple-dose trial. *J Am Acad Dermatol* 3:602-611, 1980.
4. Jones H, Blanc D, Canliife WJ. 13-cis-retinoic acid and acne. *Lancet* 2:1048-1049, 1980.
5. Katz RA, Jorgensen H, Nigra TP. Elevation of serum triglyceride levels from oral isotretinoin in disorders of keratinization. *Arch Dermatol* 116:1369-1372, 1980.
6. Ellis CN, Mindson KC, Parnes DR, Mariel W, Vonhees JJ. Isotretinoin therapy is associated with early skeletal radiographic changes. *J Am Acad Dermatol* 10:1024-1029, 1984.
7. Dicken CH, Connolly SM. Eruptive xanthomas associated with isotretinoin (13-cis-retinoic acid). *Arch Dermatol* 116:951-952, 1980.
8. Strauss JS, Rapini RP, Shalita AR, et al. Isotretinoin therapy for severe acne: results of a multicenter dose-response study. *J Am Acad Dermatol* 10:490-498, 1984.

PATIENT CONSENT FORM:

To be completed by the patient, her parent/guardian* and signed by her prescriber.

Please read each item below and initial in the space provided to indicate that you understand each item and agree to follow your prescriber's instructions. DO NOT SIGN THIS CONSENT AND DO NOT TAKE ACCUTANE IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND. A parent or guardian of a minor patient must also read and understand each item before signing the consent.

1. I understand that Accutane is a very powerful medicine with the potential for serious Adverse Effects that is used to treat severe nodular acne that did not get better with other treatments including oral antibiotics.

INITIALS: _____

2. I understand that I must not take Accutane (isotretinoin) if I am pregnant. I understand that I must not take Accutane if I am able to become pregnant and I am not using the required two separate forms of effective methods of birth control.

INITIALS: _____

3. I understand from my prescriber that although not every fetus exposed to Accutane has resulted in a deformed child, there is an extremely high risk that my unborn baby could have severe birth defects if I am pregnant or become pregnant while taking Accutane in any amount even for short periods of time. Potentially any fetus exposed during pregnancy can be affected.

INITIALS: _____

4. I understand that I must avoid pregnancy during the entire time of my treatment and for 1 month after the end of my treatment with Accutane.

INITIALS: _____

5. I understand that if I am able to become pregnant and unless I absolutely and consistently abstain from sexual intercourse, I must use two separate, effective forms of birth control (contraception) AT THE SAME TIME.

INITIALS: _____

6. I understand from discussions with my prescriber that birth control pills and injectable/implantable birth control products are the most effective forms of birth control. I understand that there have been reports of pregnancy from women who have used birth control pills, as well as women who have used injectable/implantable birth control products and I understand that pregnancies occur more often when only a single method of birth control is used. Therefore, I understand that it is essential that I use two different methods, even if one of the methods I choose is birth control pills or injectable/implantable birth control products.

INITIALS: _____

7. I understand that the following are considered effective forms of contraception:
Primary: Tubal ligation, partner's vasectomy, birth control pills, injectable/implantable birth control products, and an IUD.
Secondary: Diaphragms, latex condoms, and cervical caps; each must be used with a spermicide.

I understand that at least one of my two chosen methods of birth control must be a primary method, and that any

birth control method can fail, even when two forms are used at the same time.

INITIALS: _____

8. I understand that I may receive free initial contraceptive counseling and pregnancy testing from a consulting physician or family planning center. I understand that my Accutane prescriber can provide me with an Accutane Patient Referral Form for this consultation.

INITIALS: _____

9. I understand that I must begin actively avoiding pregnancy as described above at least 1 month before taking the first dose of Accutane, throughout treatment with Accutane and for 1 month after I have completed Accutane treatment.

INITIALS: _____

10. I understand that I cannot receive a prescription for Accutane unless I have 2 negative pregnancy test results. The first pregnancy test should be during the office visit when my prescriber decides to prescribe Accutane. The second test should be on the second day of my next menstrual cycle or 11 days after the last time I had unprotected sexual intercourse, whichever is later. I understand that I will have additional pregnancy testing, monthly, throughout my Accutane therapy.

INITIALS: _____

11. I understand that I should not start Accutane until I am sure that I am not pregnant and have negative results from 2 pregnancy tests.

INITIALS: _____

12. I have read and understand the materials my prescriber has given to me, including the brochure *Important Information Concerning Your Treatment with Accutane® (isotretinoin)*. I have watched and understand the Roche video provided to me by my prescriber about contraception. I have also been told about a confidential counseling line that I may call for additional information about birth control and I have received information on emergency contraception.

INITIALS: _____

13. I understand that I must not share my medication with anyone else and that I should not give blood until 1 month after taking my last dose of Accutane, because if I do, someone else's unborn baby may be exposed to Accutane.

INITIALS: _____

14. I understand that I must immediately stop taking Accutane and inform my prescriber if I become pregnant, miss my menstrual period, or stop using birth control.

INITIALS: _____

15. I have been given information about the confidential Accutane Survey by my prescriber and he/she has explained to me how important it is to join the Accutane Survey.

My prescriber has answered all my questions about Accutane and the Accutane information provided to me. I understand all the information I have received and that avoiding pregnancy during Accutane treatment is my responsibility.

INITIALS: _____

I now authorize my prescriber to begin my treatment with Accutane.

Patient signature _____ Date _____

Parent/guardian signature _____ Date _____

Please print: Patient name and address _____

Telephone (area code) _____

I have fully explained to the patient the nature and purpose of the treatment described above and the risks to females of child-bearing potential. I have asked the patient if she has any questions regarding her treatment with Accutane and have answered those questions to the best of my ability.

Prescriber signature _____ Date _____

*If patient is a minor under the age of 18, Roche Pharmaceuticals, Roche Laboratories Inc., 340 Kingsland Street, Nutley, New Jersey 07110-1199

Shown in Product Identification Guide, page 332

Revised: May 2000

Continued on next page

APPENDIX C

Copy 1
Volume 1 of 11VERBATIM**RECORD OF TRIAL**

(and accompanying papers)

Of

ROESELER, David M.

(Name: Last, First, Middle Initial)

[REDACTED]

(Social Security Number)

Specialist

(Rank)

A Company, 127th Aviation Support Battalion, U.S. Army, APO AE 09165

(Unit/Command Name)

(Branch of Service)

(Station or Ship)

By

GENERAL COURT-MARTIALConvened by THE COMMANDER

(Title of Convening Authority)

V CORPS

(Command of Convening Authority)

Tried At

Hanau,Federal Republic of Germany

(Place or Places of Trial)

On

28 July 1999

(Date or Dates of Trial)

ALLIED PAPERS

COMPANION CASES: TARBOX, Roy P. ARMY 9900186-P3

Height

[REDACTED]
A Co, 127th ASB, US Army
APO AE 09165LUND, Jeremy J. ARMY 9900116-P3PVT, [REDACTED]

DPC

A Co, 127th ASB, US Army
APO AE 09165ARMANN, Kurtis E. ARMY 9900316-P3[REDACTED]
A Co, 127th ASB, US Army
APO AE 09165OIE, Monica S. ARMY 9900436-P3[REDACTED]
B Co, 127th ASB, US Army
APO AE 09165

Hurt

GIBSON, Scott D. ARMY 9900573-P3PV1 [REDACTED]B Co, 127th ASB, US Army
APO AE 09165

see side back cover for instructions as to preparation and arrangement

RECEIVED

D Form 490, OCT 84

Previous editions are obsolete

Copy 1
Volume 1 of 11

Front Cover

DEPARTMENT OF THE ARMY
Headquarters, V Corps
APO AE 09014

GENERAL COURT-MARTIAL ORDER
NUMBER 47

10 December 1999

SPC David M. Roeseler, [REDACTED], U.S. Army, A Company, 127th Aviation Support Battalion, APO AE 09165, was arraigned at Hanau, Germany, on the following offenses at a general court-martial convened by Commander, V Corps.

✓ Charge I. Article 80. Plea: Guilty. Finding: Guilty.

Specification 1: Attempted premeditated murder with a firearm, at or near Hanau, Germany, on or about 10 October 1998. Plea: Guilty. Finding: Guilty.

Specification 2: Attempted conspiracy to commit premeditated murder, at or near Hanau, Germany, between on or about 1 February 1998 and 1 April 1998. Plea: Guilty. Finding: Guilty

✓ Charge II. Article 81. Plea: Guilty. Finding: Guilty.

The Specification: Conspiracy to commit premeditated murder, at or near Hanau, Germany, between on or about 1 March 1998 and 10 October 1998. Plea: Guilty, except the words "and gather information on Private First Class Toni A. Bell's schedule", substituting therefore the words "and provide information on Private First Class Toni A. Bell". To the excepted words: Not Guilty. To the substituted words: Guilty. Finding: Guilty.

SENTENCE

Sentence was adjudged on 28 July 1999. To forfeit all pay and allowances, to be reduced to the grade of Private E1, to be confined for a period of 19 years, and to be discharged from the United States Army with a dishonorable discharge.

ACTION

Only so much of the sentence as provides for forfeiture of all pay and allowances, reduction to

GCMQ No 47, HQ V Corps, APO AE 09014, dated 10 December 1999

the grade of E1, confinement for fifteen years, and a dishonorable discharge is approved and, except for the part of the sentence extending to a dishonorable discharge, will be executed.

BY COMMAND OF LIEUTENANT GENERAL RILEY:

DISTRIBUTION:

- 1 Each Individ concern
- 1 LTC Wright (MJ)
- 1 CPT Coyne (TC)
- 1 CPT Zipf (DC)
- 1 Cdr, U.S. Army Disciplinary Barracks, Ft. Leavenworth, KS 66027-1363
- 1 Cdr, A Co, 127th Avn Sup Bn, APO AE 09165
- 1 Cdr, 127th Avn Sup Bn, APO AE 09165
- 1 Cdr, Det A, 55th PSB, (Attn: Records Section), APO AE 09165
- 2 SJA, V Corps, APO AE 09014
- 1 Record Set
- 1 Reference Set
- 1 Cdr, HQ Det, 39th Finance Battalion, APO AE 09165
- 1 Cdr, USAEREC, ATTN: PCRE-FS, Fort Benjamin Harrison, IN 46249
- 10 Clerk of Court (JALS-CC), Nassif Bldg, Falls Church, VA 22041-5013



EVAN B. WYNN

SFC, USA

NCOIC, Criminal Law Division

Copy 1
Volume I of III

VERBATIM

RECORD OF TRIAL

(and accompanying papers).

Of

TARBOX, Roy P.

(Name: Last, First, Middle Initial)

[REDACTED]

(Social Security Number)

Specialist

(Rank)

A Company, 127th Aviation Support Battalion, US Army, APO AE 09165

(Unit/Command Name)

(Branch of Service)

(Station or Ship)

By

GENERAL COURT-MARTIAL

Convened by THE COMMANDER

(Title of Convening Authority)

V CORPS

(Command of Convening Authority)

Tried At

Hanau,

Federal Republic of Germany

(Place or Places of Trial)

On 6. 28 and 29 January 1999

(Date or Dates of Trial)

COMPANION CASES:

ARMY 9900316-UMCR
ARMANN, Kurtis E.
Private, [REDACTED]
A Co, 127th ASB
APO AE 09165

ARMY 9900116-P. 3
LUND, Jeremy J.
Specialist, [REDACTED]
A Co, 127th ASB
APO AE 09165

Other Companion Cases To Follow Pending Referral

See inside back cover for instructions as to preparation and arrangement

Copy 1
Volume I of III

DEPARTMENT OF THE ARMY
Headquarters V Corps
APO AE 09014

GENERAL COURT-MARTIAL ORDER
NUMBER 22

25 May 1999

SPC Roy P. Tarbox, [REDACTED] U.S. Army, A Company, 127th Aviation Support Battalion, APO AE 09165, was arraigned at Hanau, Germany, on the following offenses at a general court-martial convened by Commander V Corps.

✓ Charge I. Article 80. Plea: Not Guilty. Finding: Guilty.

The Specification: Attempted premeditated murder with a firearm, at Hanau, Germany, on or about 10 October 1998. Plea: Not Guilty. Finding: Guilty.

✓ Charge II. Article 81. Plea: Not Guilty. Finding: Not Guilty of conspiracy to commit premeditated murder, but Guilty of conspiracy to commit aggravated assault.

The Specification: Conspiracy to commit premeditated murder, at Hanau, Germany, between on or about 1 July 1998 and 10 October 1998. Plea: Not Guilty. Finding: Not Guilty of conspiracy to commit premeditated murder, but Guilty of conspiracy to commit aggravated assault.

SENTENCE

Sentence was adjudged on 29 January 1999. To be reduced to the grade of E1, to total forfeiture of all pay and allowances, to be confined for two (2) years, and to be dishonorably discharged from the service.

ACTION

The Sentence is approved and, except for the part of the sentence extending to a dishonorable discharge, will be executed.

BY COMMAND OF LIEUTENANT GENERAL HENDRIX:

DISTRIBUTION:

- 1 Each Individ concern
- 1 LTC Donna Wright (MJ)

Amy M. Frisk
AMY M. FRISK
LTC, JA
Chief, Criminal Law Division

GCMO No 22, HQ V Corps, APO AE 09014, dated 25 May 1999

- 1 CPT Carlene K. Christie (TC)
- 1 MAJ Craig A. Meredith (ATC)
- 1 CPT Jason B. Mobley (DC)
- 1 Cdr, A Co, 127th Avn Spt Bn, APO AE 09165
- 1 Cdr, 127th Avn Spt Bn, APO AE 09165
- 1 Cdr, Det A, 55th PSB, (Attn: Records Section), APO AE 09165
- 2 SJA, V Corps, APO AE 09014
- 1 Record Set
- 1 Reference Set
- 1 Cdr, Hqs Det, 39th Finance Battalion, APO AE 09165
- 1 Cdr, USAEREC, ATTN: PCRE-FS, Fort Benjamin Harrison, IN 46249
- 10 Clerk of Court (JALS-CC), Nassif Bldg, Falls Church, VA 22041-5013

COPY ONE

VOL 1 OF III

VERBATIM ¹**RECORD OF TRIAL** ²

(and accompanying papers)

of

LUND, Jeremy J.
(Name: Last, First, Middle Initial)Specialist
(Rank)Co A, 127th Avn Spl Bn
(Unit/Command Name)United States Army
(Branch of Service)APC AE 00165
(Station or Ship)

By

GENERAL **COURT-MARTIAL**Convened by THE COMMANDER
(Title of Convening Authority)V CORPS
(Unit/Command of Convening Authority)

Tried at

Mannheim & Hanau,
Federal Republic of Germany
(Place or Places of Trial)

on

16 & 30 December, 1998
14 January, 1999
(Date or Dates of Trial)**ALLIED PAPERS**COMPANION CASES: PVT Kurtis Armann,
SPC Roy P. Tarbox,my 9900316-CMCR
my 9900180-P. 3

Use "verbatim" or summarized" as appropriate. (This form will be used by the Army and Navy for verbatim records of trial only.)

See inside back cover for instructions as to preparation and arrangement.

Form 490, OCT 84

Previous editions are obsolete.

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Front Cover

VOL 1 OF III

DEPARTMENT OF THE ARMY
Headquarters V Corps
APO AE 09014

GENERAL COURT-MARTIAL ORDER
NUMBER 23

25 May 1999

SPC Jeremy J. Lund, [REDACTED] U.S. Army, A Company, 127th Aviation Support Battalion, APO AE 09165, was arraigned at Mannheim, Germany, on the following offenses at a general court-martial convened by Commander V Corps.

✓ Charge I. Article 80. Plea: Guilty. Finding: Guilty.

The Specification. Attempted premeditated murder with a firearm, at Hanau, Germany, on or about 10 October 1998. Plea: Guilty. Finding: Guilty.

✓ Charge II. Article 81. Plea: Guilty. Finding: Guilty.

The Specification. Conspiracy to commit premeditated murder, at Hanau, Germany, between on or about 1 March 1998 and on or about 10 October 1998. Plea: Guilty. Finding: Guilty.

SENTENCE

Sentence was adjudged on 14 January 1999. To be reduced to the grade of E1, to forfeit all pay and allowances, to be confined for 25 years, and to be discharged from the service with a dishonorable discharge.

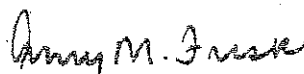
ACTION

Only so much of the sentence as provides for reduction to the grade of E1, forfeiture of all pay and allowances, confinement for 14 years, and a dishonorable discharge is approved and, except for the part of the sentence extending to a dishonorable discharge, will be executed.

BY COMMAND OF LIEUTENANT GENERAL HENDRIX:

DISTRIBUTION:

- 1 Each Individ concern
- 1 COL Peter E. Brownback III (MJ)
- 1 CPT Carlene Christie (TC)
- 1 MAJ Craig Meredith (ATC)


AMY M. FRISK
LTC, JA
Chief, Criminal Law Division

GCMO No 23, HQ V Corps, APO AE 09014, dated 25 May 1999

- 1 MAJ Steven Brodsky (DC)
- 1 CPT Richard Raleigh Jr. (ADC)
- 1 Cdr, 127th AVN SPT BN, APO AE 09165
- 1 Cdr, Det A, 55th PSB, (Attn: Records Section), APO AE 09165
- 2 SJA, V Corps, APO AE 09014
- 1 Record Set
- 1 Reference Set
- 1 Cdr, HQ Det 39th Finance Battalion, APO AE 09165
- 1 Cdr, USAEREC, ATTN: PCRE-FS, Fort Benjamin Harrison, IN 46249
- 10 Clerk of Court (JALS-CC), Nassif Bldg, Falls Church, VA 22041-5013

Copy 1
Volume 1 of 11

VERBATIM
RECORD OF TRIAL
(and accompanying papers)

Of

OIE, Monica S.
(Name: Last, First, Middle Initial)

[REDACTED]
(Social Security Number)

Private E1
(Rank)

B Company, 127th Aviation Support Battalion, U S Army. APO AE 09165
(Unit/Command Name) (Branch of Service) (Station or Ship)

By

GENERAL COURT-MARTIAL

Convened by THE COMMANDER
(Title of Convening Authority)
V CORPS
(Command of Convening Authority)

Tried At

Hanau,
Federal Republic of Germany
(Place or Places of Trial)

on

26 April and 4 May 1999
(Date or Dates of Trial)

COMPANION CASES:

TARBOX, Roy P. Army 9900180
SPC, [REDACTED] P. 3
A Co, 127th ASB, US Army
APO AE 09165

LUND, Jeremy J. Army 9900116
[REDACTED] P. 3
A Co, 127th ASB, US Army
APO AE 09165

ROESELER, David M. Army
SPC, [REDACTED] no case
A Co, 127th ASB, US Army
APO AE 09165

OIE, Monica S.
PVT, [REDACTED]
B Co, 127th ASB, US Army
APO AE 09165

GIBSON, Scott D. Army 9900573
PV1, [REDACTED]
B Co, 127th ASB, US Army
APO AE 09165

ARMANN, Kurtis E. Army 9900316
PVT, [REDACTED]
A Co, 127th ASB, US Army
APO AE 09165

See inside back cover for instructions as to preparation and arrangement

DEPARTMENT OF THE ARMY
Headquarters V Corps
APO AE 09014

GENERAL COURT-MARTIAL ORDER
NUMBER 28

8 July 1999

Private Monica S. Oie, [REDACTED] S. Army, B Company, 127th Aviation Support Battalion, APO AE 09165, was arraigned at Hanau, Germany, on the following offenses at a general court-martial convened by Commander V Corps.

✓ Charge I. Article 81. Plea: Guilty. Finding: Guilty.

The Specification: Conspiracy to commit premeditated murder, at or near Erlensee, Germany, between on or about 1 February 1998 and 10 October 1998. Plea: Guilty. Finding: Guilty.

✓ Charge II. Article 92. Plea: Guilty. Finding: Dismissed.

The Specification: Violate a lawful general regulation by wrongfully possessing drug abuse paraphernalia, at or near Erlensee, Germany, on or about 1 February 1999. Plea: Guilty. Finding: Dismissed.

✓ Charge III [renumbered as Charge II]. Article 107. Plea: Guilty. Finding: Guilty.

The Specification: Render false statements, at or near Hanau, Germany, on or about 11 October 1998. Plea: Guilty. Finding: Guilty.

✓ Charge IV [renumbered as Charge III]. Article 112a. Plea: Guilty. Finding: Guilty.

Specification 1: Wrongfully used marijuana, at or near Erlensee, Germany, on or about 11 October 1998. Plea: Guilty. Finding: Guilty.

Specification 2: Wrongfully used and possessed marijuana, at or near Erlensee, Germany, on or about 1 February 1999. Plea: Guilty. Finding: Guilty.

✓ Charge V [renumbered as Charge IV]. Article 134. Plea: Guilty. Finding: Guilty.

Specification: Wrongfully solicit PVT Kurtis E. Armann and SPC David M. Roeseler to commit murder, at or near Erlensee, Germany, between on or about 1 February 1998 and 10 October 1998. Plea: Guilty. Finding: Guilty.

GCMO No 28, HQ V Corps, APO AE 09014, dated 8 July 1999

SENTENCE

Sentence was adjudged on 4 May 1999. To forfeit all pay and allowances, to be dishonorably discharged from the United States Army, and to be confined for a period of ten (10) years.

ACTION

Only so much of the sentence as provides for forfeiture of all pay and allowances, confinement for two years, and a dishonorable discharge is approved and, except for the part of the sentence extending to a dishonorable discharge, will be executed.

BY COMMAND OF LIEUTENANT GENERAL HENDRIX:

DISTRIBUTION:

- 1 Each Individ concern
- 1 COL Brownback III (MJ)
- 1 CPT Christie (TC)
- 1 CPT Grason (DC)
- 1 Cdr, B Co, 127th Avn Sup Bn, APO AE 09165
- 1 Cdr, Det A, 55th PSB, (Attn: Records Section), APO AE 09175
- 2 SJA, V Corps, APO AE 09014
- 1 Record Set, 1 Reference Set
- 1 Cdr, HQ Det, 39th Finance Battalion, APO AE 09175
- 1 Cdr, USAEREC, ATTN: PCRE-FS, Fort Benjamin Harrison, IN 46249
- 10 Clerk of Court (JALS-CC), Nassif Bldg, Falls Church, VA 22041-5013



EVAN B. WYNN
SFC, USA
NCOIC, Criminal Law Division

VERBATIM**RECORD OF TRIAL**

(and accompanying papers)

Of

GIBSON, Scott D.

(Name: Last, First, Middle Initial)

[REDACTED]

(Social Security Number)

Private E1

(Rank)

B Company, 127th Aviation Support Battalion, US Army, APO AE 09165

(Unit/Command Name)

(Branch of Service)

(Station or Ship)

By

GENERAL COURT-MARTIALConvened by THE COMMANDER

(Title of Convening Authority)

V CORPS

(Command of Convening Authority)

Tried At

Hanau and Mannheim,
Federal Republic of Germany

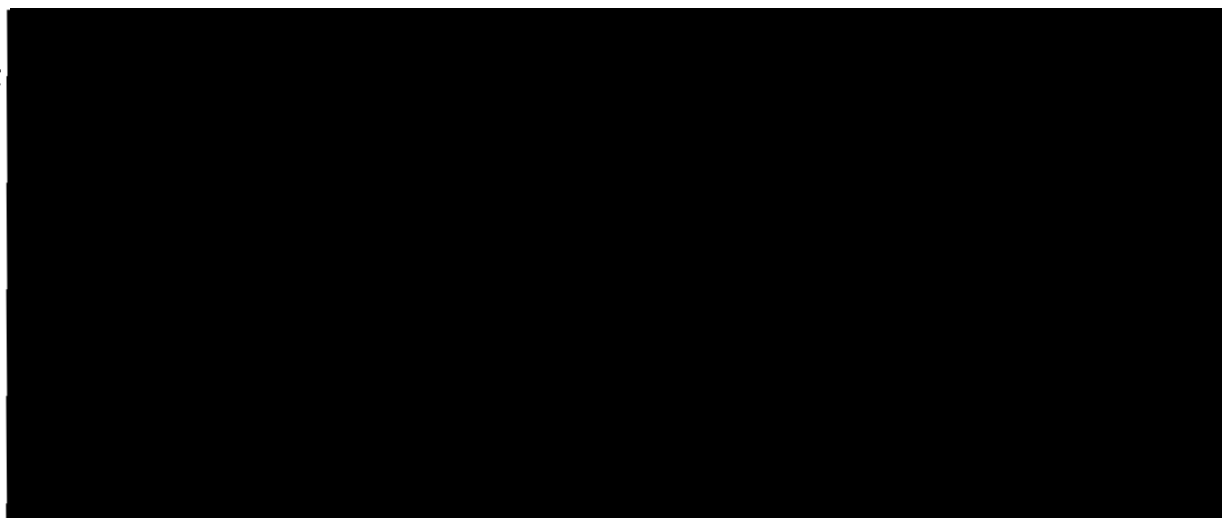
(Place or Places of Trial)

On

26 April, 6 May, 14 May and1, 2 & 3 June 1999

(Date or Dates of Trial)

COMPANION CASES:



See inside back cover for instructions as to preparation and arrangement

DEPARTMENT OF THE ARMY
Headquarters, V Corps
APO AE 09014

GENERAL COURT-MARTIAL ORDER
NUMBER 41

8 October 1999

PVT Scott D. Gibson, [REDACTED], U.S. Army, B Company, 127th Aviation Support Battalion, APO AE 09165, was arraigned at Hanau, Germany, on the following offenses at a general court-martial convened by Commander, V Corps.

C Charge I. Article 81. Plea: Not Guilty. Finding: Guilty.

The Specification: Conspiracy to commit premeditated murder, at or near Hanau, Germany, between on or about 1 July 1998 and on or about 10 October 1998. Plea: Not Guilty. Finding: Guilty, except the words, "the said Private Gibson and Private Armann did reconnoiter trails adjacent to PFC Bell's quarters, at or near Pioneer Kaserne, Hanau, Germany, for the purpose of determining the best method of shooting PFC Bell while she walked her dog." Of the excepted words: Not Guilty.

C Charge II. Article 92. Plea: Not Guilty. Finding: Guilty.

The Specification: Violation of lawful general regulation by wrongfully using and possessing drug abuse paraphernalia, at or near Erlensee, Germany, on or about 1 February 1999. Plea: Not Guilty. Finding: Guilty.

C Charge III. Article 107. Plea: Not Guilty. Finding: Guilty.

The Specification: False official statement, at or near Hanau, Germany, on or about 11 October 1998. Plea: Not Guilty. Finding: Guilty.

C Charge IV. Article 112a. Plea: Not Guilty. Finding: Guilty.

The Specification: Possession and use of marijuana, at or near Erlensee, Germany, on or about 1 February 1999. Plea: Not Guilty. Finding: Guilty.

SENTENCE

Sentence was adjudged on 3 June 1999. To total forfeiture of all pay and allowances, to be confined for a period of five years, and to be dishonorably discharged from the Army.

GCMO No 41, HQ, V Corps, APO AE 09014, dated 8 October 1999

ACTION

The sentence is approved and, except for the part of the sentence extending to a dishonorable discharge, will be executed.

BY COMMAND OF LIEUTENANT GENERAL HENDRIX:


EVAN B. WYNN

DISTRIBUTION:

- 1 Each Individ concern
- 1 COL Peter E. Brownback III (MJ) SFC, USA
- 1 CPT Krista K. Bush (TC) NCOIC, Criminal Law Division
- 1 CPT Jonathan Howard (DC)
- 1 Cdr, B Company, 127th Aviation Battalion, APO AE 09165
- 1 Cdr, Det A, 55th PSB, (Attn: Records Section), APO AE 09165
- 2 SJA, V Corps, APO AE 09014
- 1 Record Set
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- 1 Cdr, HQ Det, 39th Finance Battalion, APO AE 09165
- 1 Cdr, USAEREC, ATTN: PCRE-FS, Fort Benjamin Harrison, IN 46249
- 10 Clerk of Court (JALS-CC), Nassif Bldg, Falls Church, VA 22041-5013

CERTIFICATE OF SERVICE

UNITED STATES v. Armann

Army No. 9900316

ASSIGNMENT OF ERROR

d MOTION

I certify that a copy of the foregoing was delivered to the
Government Appellate Division on July 19, 2000.

Sherri L. Goff
SHERRI L. GOFF

Paralegal Specialist
Defense Appellate Division
U.S. Army Legal Services Agency

INSTRUCTIONS FOR PREPARING AND ARRANGING RECORD OF TRIAL

USE OF FORM - This form and MCM, 1984, Appendix 14, will be used by the trial counsel and the reporter as a guide to the preparation of the record of trial in general and special court-martial cases in which a verbatim record is prepared. Air Force uses this form and departmental instructions as a guide to the preparation of the record of trial in general and special court-martial cases in which a summarized record is authorized. Army and Navy use DD Form 491 for records of trial in general and special court-martial cases in which a summarized record is authorized. Inapplicable words of the printed text will be deleted.

COPIES - See MCM, 1984, RCM 1103(g) The convening authority may direct the preparation of additional copies.

ARRANGEMENT - When forwarded to the appropriate Judge Advocate General or for judge advocate review pursuant to Article 64(a), the record will be arranged and bound with allied papers in the sequence indicated below. Trial counsel is responsible for arranging the record as indicated, except that items 6, 7, and 15e will be inserted by the convening or reviewing authority, as appropriate, and items 10 and 14 will be inserted by either trial counsel or the convening or reviewing authority, whichever has custody of them

1. Front cover and inside front cover (*chronology sheet*) of DD Form 490.

2. Judge advocate's review pursuant to Article 64(a), if any.

3. Request of accused for appellate defense counsel, or waiver/withdrawal of appellate rights, if applicable.

4. Briefs of counsel submitted after trial, if any (Article 38(c)).

5. DD Form 494, "Court-Martial Data Sheet."

6. Court-martial orders promulgating the result of trial as to each accused, in 10 copies when the record is verbatim and in 4 copies when it is summarized.

7. When required, signed recommendation of staff judge advocate or legal officer, in duplicate, together with all clemency papers, including clemency recommendations by court members

8. Matters submitted by the accused pursuant to Article 60 (MCM, 1984, RCM 1105).

9. DD Form 458, "Charge Sheet" (*unless included at the point of arraignment in the record*).

10. Congressional inquiries and replies, if any.

11. DD Form 457, "Investigating Officer's Report," pursuant to Article 32, if such investigation was conducted, followed by any other papers which accompanied the charges when referred for trial, unless included in the record of trial proper.

12. Advice of staff judge advocate or legal officer, when prepared pursuant to Article 34 or otherwise

13. Requests by counsel and action of the convening authority taken thereon (e.g., *requests concerning delay, witnesses and depositions*).

14. Records of former trials

15. Record of trial in the following order:

a. Errata sheet, if any

b. Index sheet with reverse side containing receipt of accused or defense counsel for copy of record or certificate in lieu of receipt

c. Record of proceedings in court, including Article 39(a) sessions, if any

d. Authentication sheet, followed by certificate of correction, if any

e. Action of convening authority and, if appropriate, action of officer exercising general court-martial jurisdiction.

f. Exhibits admitted in evidence

g. Exhibits not received in evidence. The page of the record of trial where each exhibit was offered and rejected will be noted on the front of each exhibit.

h. Appellate exhibits, such as proposed instructions, written offers of proof or preliminary evidence (*real or documentary*), and briefs of counsel submitted at trial